

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING MINUTES**

COMMITTEE: Integrated Services and Health Committee

RECORDER: Sheila Wolfe **DATE:** September 18, 2003

COMMITTEE MEMBERS

PRESENT: Jean Brunelli, Dwight Lee, Mara McGrath, Peter Michael Miller, Sheryl Gonzales for Hallie Morrow, Nancy Sager, Arleen Downing and Gretchen Hester – co chairpersons

GUESTS: Kat Lowrence, Sandy Harvey, Luis Zanarto

STAFF: Sheila Wolfe, WestEd/CPEI

DDS LIAISONS: Samuel Yang, M.D. for Eileen McCauley

ABSENT: Bonnie Bear, Sylvia Carlisle, Toni Gonzales, Robin Millar,

SUMMARY OF IMPORTANT POINTS AND ACTIONS CONSIDERED

I. Introduction - Agenda Review

II. Review and Approval of Minutes

Reference was made minutes and notes in the ICC book from the May meeting – specific minutes were not formally reviewed and referred to pg. 20 etc.

III. Committee Tasks and Activities

- A. Review of ICC Executive Committee Meeting** – Dr. Downing briefly reviewed past ICC activities and recommendations from the HSC. She noted how those items and concerns were integrated into the new ICC committee guidelines and directions for this year.

Co-chair Gretchen Hester reviewed the activities and directions from the Executive Committee meeting. She noted that the primary areas of focus emerging from the Executive Committee are based on past recommendations and, in response to DDS's request for advice and assistance in the following areas:

- ◆ Early Entry
- ◆ Transition Processes
- ◆ IFSP

The committee was then asked to discuss follow-up and recommendations for consideration by the ICC as formally sanctioned activities for this year's activities. The discussion included background information, barriers and suggestions for determining outcomes and measuring the impact of the ICC activities. Highlights of the discussion are noted below:

Discussion of Barriers:

1. It is difficult in the DDS system to gather data on what services the PHCP's and other medical service providers provide to Early Start children/families
2. Parents must agree to a release of information for data collection related to contact with and outreach to physicians – while it is often possible, it is not systematically done.
3. Agencies may use the issue or perceived difficulty in obtaining parent consent and release of information as a way to not engage in data collection regarding physician outreach and coordination of information and services.
4. Agencies need to have support, guidance and buy in from the agency administrators, service coordinators and other providers to engage in standard, consistent procedures for physician outreach and related data collection – as it relates to gathering information on early entry. Transition, IFSP, etc.
5. Agencies and service providers report that they are already overloaded and don't want new forms and new things to do and are not able to work on and/or integrate new Early Start projects, physician outreach and related data collection.
6. Local providers have approached the regional center (in one community) for work on physician outreach but administrators refused to provide information and data on whether there is follow-up and communication with referring PHCP. After much work, and the support of Alameda County's Medical Home Project, the agency compromise was to agree to send a copy of the child's IFSP to the PHCP but not to track communication with the PHCP's.
7. Data collection forms were presented to intake staff of one regional center and told that because it was a non-required, new form they would not support the effort or collect the data.
8. Providers who make referrals of children who are deemed not eligible for Early Start, then begin to decrease their referrals – the feedback and communication with the PHCP's is essential to continue a working relationship
9. While outreach to PHCP's is needed it isn't enough - “nurturing” is also needed – i.e. letters that thank providers for referrals and willingness to collaborate

10. Regional centers don't systematically provide feedback or engage in data collection to identify effectiveness of outreach to physicians (or other targeted outreach populations)
11. DDS relationships and the regulations governing the regional centers haven't mandated data collection which isn't already mandated by Early Start laws
12. The data collected by DDS re Early Start and, the background and implications of the findings from this data collected (and presented through the ICC) is not clear
13. There is a shortage of trained personnel and staff turnover is significant in the regional center and health care agencies – new staff, and those transferred from other agencies, aren't continuously trained and updated on what is required.

Discussion & Recommendations - Ideas for Outcome/Measurable Data Collection related to ICC Priority Areas:

1. Identify a process to establish what services are provided by the primary health care providers of the children served in Early Start
2. Establish a system and collect data on what facilitates and/or hinders early identification and early PHCP referrals for children eligible for Early Start – determine why some physicians/PHCP's don't refer children early – obtain information from Medical Home Projects on what appears effective for follow-up with non-referring physicians.
3. Establish local systems for communicating directly with referring physicians about the specific children they referred – determine what information would be most helpful (i.e. maybe a 3 paragraph letter, maybe a copy of the IFSP, maybe a summary of the provider reports) and document continued communication– collect data on outcomes of this system at the local level and compare across areas for statewide data collection
4. Considering narrowing down focus of ISHC to concentrate on data collection and outreach to PHCP's in managed care health plans, including Healthy Families and CHDP - this may be a more manageable approach than trying to reach all PHCP's – could be considered a pilot project a larger effort once data is collected and analyzed
5. Collect data on the outreach to physicians to address the goal of early identification and early access to services – document actions and implications and outcomes of outreach – what impact did the outreach have on early service delivery?

6. Establish that new plans for outreach to physicians and related data collection are linked to parent consent for release of information and informed consent for collaboration with primary health care providers (PHCP's)
7. Require information on the child's primary health care provider(s) be listed on the IFSP used across regional centers and the LEAs – consider the Alameda County model and possible replication of their approaches and forms
8. Determine how information on PHCP's that is included in the IFSP data collection at the local level can be included in a centralized, statewide data base for analysis – consider Alameda County model
9. Plan to evaluate the effectiveness and impact of physician outreach and sustained communication (receiving the IFSPS, getting reports, invitations to the IFSP meeting, etc) and the link to early referral and coordinated service delivery - what forms of outreach and communication were most effective?
10. Consider standard process for sending a short letter regarding each child/family involved in Early Start to the PHCP and other specialists - outline Early Start, the specific services the child/family receives and designate a contact person for on-going communication.
11. Consider adding a short survey to the standard outreach letter recommended above for PHCP's (or their staff) to complete and return (fax or mail back) – include questions on what information (reports, notice of meetings, calls, IFSP's, family notebooks, etc) or most helpful.
12. Utilize existing “outreach to physicians” materials and systems developed by other projects and counties (Alameda, etc) to establish a statewide effort.
13. Collaborate with FRC/N's to help families understand and support a physician outreach and data collection project in their area– families often can follow-up and support the process.
14. Provide copies of the local Early Start referral form to PHCP's and other service providers/referral sources the community is aware of what information is needed for referral and IFSP development.
15. Determine what percent age of referrals actually turn out to be appropriate for Early Start services – ask each regional center to collect this data in a systematic way - determine if referrals from specific sources are appropriate and provide feedback accordingly.
16. Determine if there are more referrals coming from families vs. PHCP's vs. other service providers – identify if this finding is because some agencies only accept family referrals and if so, determine the implication of these findings.

17. Link the focus on interagency collaboration to information collected and contained in the IFSP - review services listed and compare with reports and other forms of communication that are documented in the record review.
18. Require, review and update interagency MOU's related to Early Start at the state and local levels – inform the ICC and committee members about the existing MOU's and what is included in each.
19. Model and provide state level collaboration and direction for support and monitoring of local agencies to make sure that there are MOU's and interagency collaboration established at the local level – provide direction for working it out and hammering out specifics of collaboration at the local level (determine what communities and agencies already have effective MOU's; revisit previous ICC documents and work in this area.

Final Decisions/Consensus for Committee Recommendations

1. Clearly identify the overall purpose of ICC and committee activities regarding the new focal areas: what are benchmarks and timelines? For example, if early entry, smooth transition and effective IFSP development are the priority goals, then link increased outreach and communication activities with PHCP's to these desired outcomes -determine what and how data can be collected to document the impact on the priority goal areas.
2. Establish a consistent and standard process/ mechanism for regional center and LEA's to increase outreach and communication with the PHCP's and document the results.
3. Develop a survey/data collection form and/or other options for collecting information in organized and standard way across agencies involved in Early Start – (also see above recommendations).
4. Develop new project and/or expand the Early Start Monitoring to include a review of every IFSP to determine evidence that:
 - ◆ each child has a PHCP and medical home identified
 - ◆ consent was obtained to communicate with the PHCP
 - ◆ the regional center/LEA service coordinators attempted to communicate with the PHCP
 - ◆ PHCP's are identified at intake and contacted
 - ◆ PHCP's are notified of and given an opportunity to participate in the IFSP meetings/process
 - ◆ PHCP's are receiving updated information on a regular basis and if they are responding to this information

5. Encourage DDS to establish a model and support for local regional centers to establish an MOU with their CCS units and other key service agencies.
6. Determine existing state level MOU's and models/examples for developing and updating MOU's and interagency agreements at the state and local levels – establish current practices and track progress.

Other Announcements:

Jean Brunelli shared new information from Zero to Three on early mental health and new articles on nutrition and early mental health.

Nancy Sager reported that CDE/SED is working on a universal IFSP/IEP form – information is on their website.

Arleen Downing shared information; articles and reports related to the ISHC and will share copies at the ICC meeting.

Next Steps and Follow-Up For Next Committee Meeting:

1. ISHC Co-chairs to present committee report and recommendations at the full ICC meeting.

For next meeting

2. ISHC members to bring copies of forms, models and information on other project that may be useful in establishing a physician outreach plan and related data collection regarding Early Start and ICC priorities.
3. Determine if, what and how data is routinely and currently collected through the regional center system that could be linked to increased physician outreach and outcomes of the increased outreach and communication with PHCP's.
4. Determine what Early Start interagency agreements/MOU's are currently in place between what agencies. Clarify what guidance and/or monitoring processes are currently in place to insure the agreements are updated and adhered to?
5. Identify previous documents and materials developed by the HSC regarding medical home and outreach to physicians to new co-chairperson and other new members of the ISHC.